



BUSINESS REGISTRATION APPLICATION

City of Sedona • City Clerk's Office
102 Roadrunner Drive • Sedona, AZ 86336 • (928) 204-7102
\$25 Application Fee

☐ New Business ☐ Renewal ☐ Name Change ☐ Location Change ☐ Other _____

Date business started in Sedona _____ Doing Business As (DBA) _____

Name on signage _____ Name known to the public _____

Legal business name _____

If name change, new name _____

☐ Sole proprietorship ☐ LLC ☐ Corporation ☐ S Corp ☐ LLP ☐ Other _____

Physical Address _____

City _____ State _____ Zip _____ Phone (____) _____

Mailing Address (if different) _____

City _____ State _____ Zip Code: _____

E-mail address _____ Fax (____) _____

Owner(s) _____

Owner Mailing Address _____

City _____ State _____ Zip _____ Other Business Phone (____) _____

E-mail address _____ Fax (____) _____

Name of Corporate or LLC Statutory Agent _____

Title _____ Agent's Phone (____) _____

Emergency Contact Name _____ Title _____

Phone (____) _____ Cell Phone (____) _____ Alarm system? ☐ Yes ☐ No

Secondary Emergency Contact Name _____ Title _____

Phone (____) _____ Cell Phone (____) _____

Alarm Company _____ Phone (____) _____

State Sales Tax Number _____ Federal Sales Tax Number _____

Contractor's License Number _____ Liquor License Class Number _____

Other License Number(s) _____

Business Type (Check one that applies closest to your business type.)

- | | | | |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Resale | <input type="checkbox"/> Transient Merchant |
| <input type="checkbox"/> Artistry | <input type="checkbox"/> Professional | <input type="checkbox"/> Retail | <input type="checkbox"/> Mobile Merchant |
| <input type="checkbox"/> Liquor/Bar | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Service | <input type="checkbox"/> Home Occupation |
| <input type="checkbox"/> Lodging | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Wholesale | <input type="checkbox"/> Banking/Finance |
| <input type="checkbox"/> Construction: | <input type="checkbox"/> General | <input type="checkbox"/> Sub | <input type="checkbox"/> Transportation/Communication/Utility |
| <input type="checkbox"/> Medical/Health | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Other _____ | |

Describe Nature of Business _____

Do you store, handle, or dispense hazardous materials? ☐ Yes ☐ No

Days of Operation _____ Hours of Operation _____

Total Number of Employees _____ Full time _____ Part time _____

Approx Length/Width of Building _____ Approx Sq. Footage _____ Number of Stories _____

Construction Type ☐ Block ☐ Wood frame ☐ Concrete ☐ Manufactured ☐ Other _____

Does the building have fire sprinklers? ☐ Yes ☐ No

Do you own the business location? ☐ Yes ☐ No Is the business located in your residence? ☐ Yes ☐ No

I understand that issuance of a registration certificate shall in no way be construed as permission to operate a business activity in violation of any other law or regulation to which such activity may be subject. I certify that the information provided to the City of Sedona, in order to obtain a valid registration certificate, is accurate and complete to the best of my knowledge.

Owner or Designee Signature

Title

Print Name

Date

For Official Use Only

Clerk's Office

Registration Fee \$ _____

Registration Number _____

Initials _____

Form Revised 9/2005